

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,



Nurse Robbins  
Bullock Co. Corr. Facility  
P.O. Box 5107  
Union Springs, AL 36057

A. Signature

X

B. Received by (Printed Name)

PRIME

C. Date of Delivery

address different from item 1?  
ter delivery address below:☐ Agent☐ Addressee☐ Yes☐ No

3. Service type

☒ Certified Mail☒ Registered☐ Insured Mail☐ Express Mail☒ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article Number  
(Transfer from s

7007 1490 0000 0026 6176

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540